CONTRACT CHANGE ORDER*

State of Montana - Department of Administration Architecture & Engineering Division

PROJECT:		A/E #	
LOCATION:		CHG ORDER # DATE:	
		Phone:	
7	The Contractor is hereby directed to make the following changes in the Contract upon receipt of an app	roved copy of this Change Order.	
ITEM	DESCRIPTION/UNIT BREAKDOWN/UNIT COSTS	COST	
NO.	(Indicate Critical Path Schedule impact for each Item)	(Indicate + or -)	
	SUBTOTAL (Labor & Materials) =	\$	
	OVERHEAD & PROFIT @% =	\$	
	TOTAL COST (This Change Order Only) =	\$	
Change In Co	ontract Completion Date By This Change Order: (No Change) (Increase) (Decre		
	NEW CONTRACT COMPLETION I	DATE:	

CONTRACT STATUS				
1.	Original Contract Amount	\$		
2.	Net Change by Previous Change Order(s)	\$		
3.	Current Contract Amount (1.+2.)	\$		
4.	This Change Order Total Amount	\$		
5.	New Contract Amount (3.+4.)	\$		
6.	Total Cost of All Change Orders to Date (2.+4.)	\$		

^{*} NOTE: Submit two (2) copies of this form to A&E Division. Architect/Engineer to obtain all signatures prior to submittal.

	A/E#	CHG ORDER#		
JUSTIFICATION FOR CHANGE(S) (To be completed by Architect/Engineer): Describe the details which mandate the change(s).				
JUSTIFICATION FOR COST ADJUSTMENT Describe the basis	(To be completed by Architect/Engine used to calculate the cost adjustment.	eer):		
	asset to constitute the cost day assets.			
JUSTIFICATION FOR SCHEDULE ADJUSTI	MENT (To be completed by Architect/	Engineer):		
Describe the impa	ct of adjustment(s) to the critical path.			
Describe the impa	ct of adjustment(s) to the critical path.			
Describe the impa	ct of adjustment(s) to the critical path.			
	ct of adjustment(s) to the critical path. APPROVALS			
	APPROVALS	Date:		
	APPROVALS By:			
Approved by Contractor:	APPROVALS By: By:	Date:		
Approved by Contractor:	APPROVALS By: By:	Date:		
Approved by Contractor:	APPROVALS By: By: By: By: By: By: By: By	Date:		
Approved by Contractor: Recommended by Architect/Engineer: Reviewed by Agency: Surety Consent: SURETY CONSENT IS REQUIRED	By: By: By: By: By: By: By: By:	Date: Date: Date: E ORDERS (LINE 6) EXCEEDS oly and extend to the her agree that on or after		
Approved by Contractor: Recommended by Architect/Engineer: Reviewed by Agency: Surety Consent: SURETY CONSENT IS REQUIR 10% OF THE ORIGINAL CONT The Surety consents this Contract Change Order Contract as modified or amended per this Change	By: By: By: By: By: By: By: By:	Date: Date: Date: E ORDERS (LINE 6) EXCEEDS oly and extend to the her agree that on or after		
Approved by Contractor: Recommended by Architect/Engineer: Reviewed by Agency: Surety Consent: Surety Consent: Surety Consent: Surety Consent is require 10% OF THE ORIGINAL CONT The Surety consents this Contract Change Order Contract as modified or amended per this Change execution of this consent, the penalty of the apple	By: By: By: By: By: By: By: By:	Date: Date: Date: E ORDERS (LINE 6) EXCEEDS oly and extend to the her agree that on or after aterial Bond is increased by:		

Recommended by A&E Project Manager:

Date: _____

Surety:

Accepted by Dept. of Admin., A&E Division:	Date:

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